

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
DATE RECEIVED  
SEP 15 2014  
Bayfield Co. Zoning Dept.

ENTERED Permit #:  
14-0372  
Date: 10-3-14  
Amount Paid: \$175 9-16-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER											
Owner's Name: <u>W.F. Brickson Land Agency</u>			Mailing Address: <u>PO Box 160</u>			City/State/Zip: <u>Iron River WI 54847</u>		Telephone: <u>715/372-4535</u>			
Address of Property: <u>65475 Hart Lake Rd</u>			City/State/Zip: <u>Iron River WI 54847</u>			Cell Phone:		Plumber Phone:			
Contractor:			Contractor Phone:			Plumber:			Plumber Phone:		
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>John Brickson</u>			Agent Phone:			Agent Mailing Address (include City/State/Zip):			Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits) <u>04-0342-47-08-274 05004-02500</u>		Recorded Document: (i.e. Property Ownership) <u>1658 910</u>		Subdivision: <u>446</u>			
<u>N 586 1/4</u> <u>07</u> <u>4</u> <u>153 N 150'</u>		Gov't Lot <u>4</u> Lot(s) <u>153</u> CSM <u>150</u> Vol & Page		Lot(s) No.		Block(s) No.		Lot Size		Acreage <u>17.339</u>	
Section <u>27</u> , Township <u>47</u> N, Range <u>8</u> W		Town of: <u>Iron River</u>		Distance Structure is from Shoreline: <u>69</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →		Distance Structure is from Shoreline: <u>69</u> feet		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Non-Shoreland											

Value at Time of Completion * include donated time & material <u>\$15,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water						
							<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
							<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
							<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>SEPTIC</u>	<input type="checkbox"/>
							<input type="checkbox"/> Relocate (existing Bldg)	<input type="checkbox"/> Basement	<input checked="" type="checkbox"/>	<input type="checkbox"/> 4	<input type="checkbox"/> Privy (Plt) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
<input type="checkbox"/> Run a Business on Property	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( <input type="checkbox"/> X )		
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
<input type="checkbox"/> Commercial Use	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
Secretarial Staff	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		
	<input type="checkbox"/>	( <input type="checkbox"/> X )		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further acknowledge that any false or misleading information may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): John T. Brickson Date 9-10-14  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)  
Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)  
Address to send permit same as above  
Attach Copy of Tax Statement ✓  
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See attachment

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	800 +/- Feet	Setback from the Lake (ordinary high-water mark)	68 Feet
Setback from the Established Right-of-Way	800+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	85+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	160+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	NA Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	35 Feet	Setback to Well	90+ Feet
Setback to Drain Field	43 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

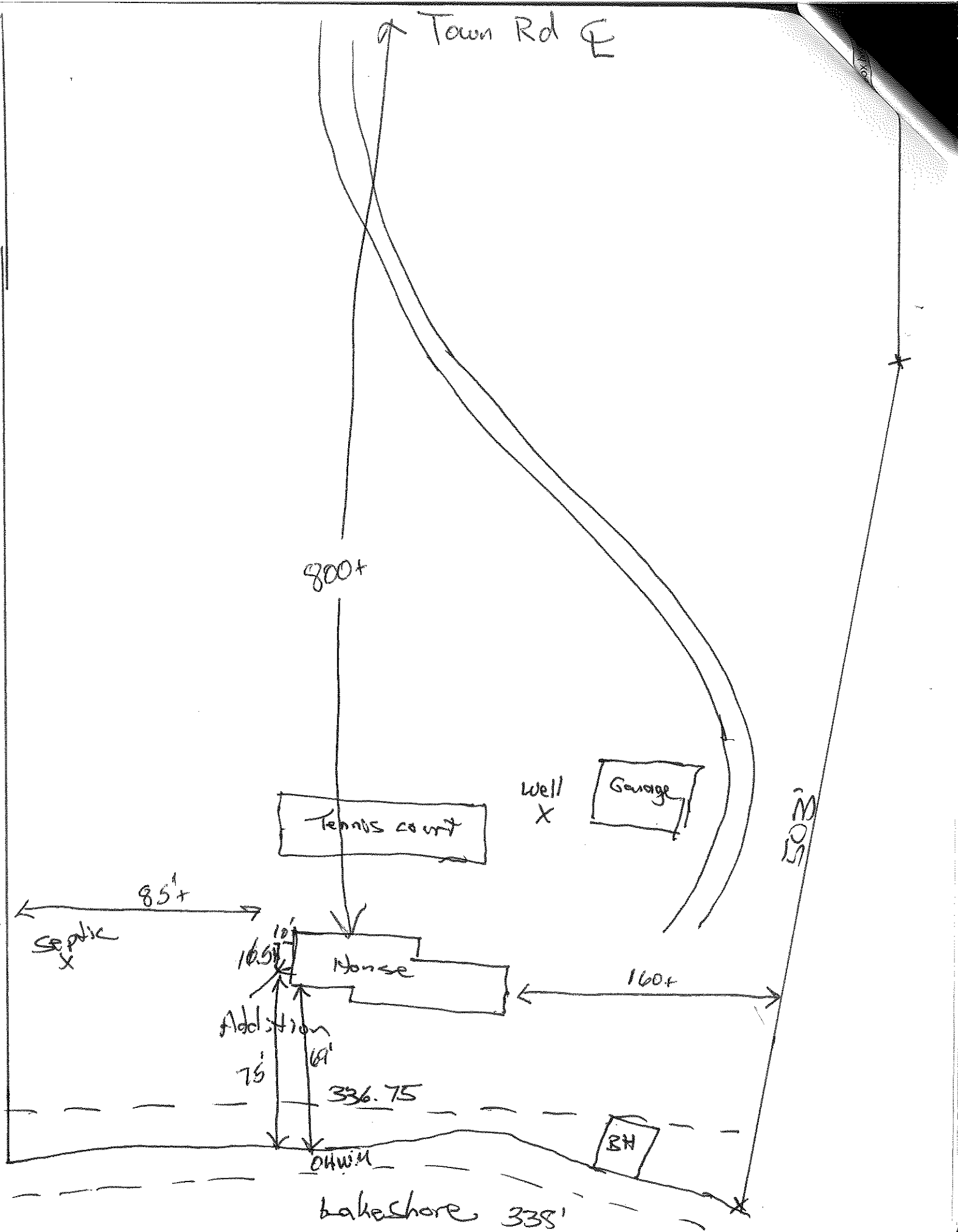
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:				
Permit #: 14-0372		Permit Date: 10-3-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Combining Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes <u>69' from owner</u>	<input type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Structure is non-conforming						
Date of Inspection:	9-29-14	Inspected by:	M. Fuchs	Zoning District	(R-1)	Lakes Classification ( )
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:				
Signature of Inspector: Michael Fuchs						
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input checked="" type="checkbox"/> \$30	Date of Approval: 9-29-14		



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Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp Received)  
JUN 27 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-03223  
Date: 10-3-14  
Amount Paid:  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input checked="" type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER	Mailing Address: 68880 City Hwy A Iron River, WI 54847		City/State/Zip: Iron River, WI 54847	Telephone: 218-348-4632 218-940-5504 Cell Phone: 218-348-4632
Owner's Name: Justin + Lianna Kaiser	Contractor: N/A		Plumber: N/A	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: N/A		Agent Mailing Address (include City/State/Zip):	
PROJECT LOCATION: W1/2 1/4 NW 1/4	Gov't Lot: 2+3	CSM: 50 of Lot 2	Lot(s) No.:	Block(s) No.:
Legal Description: (Use Tax Statement)		PIN: (23 digits) 04-024-2-47-08-08-2-00-293-0300		Recorded Document: (i.e. Property Ownership) Volume 1009
Section 8, Township 47 N, Range 8 W		Town of: Iron River		Lot Size: 12.060

Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: 100 feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: 100 feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	
	<input type="checkbox"/> Relocate (existing blg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input checked="" type="checkbox"/> Existing	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	( ) X ( )	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	( ) X ( )	
	with Loft	( ) X ( )	
	with a Porch	( ) X ( )	
	with (2nd) Porch	( ) X ( )	
	with a Deck	( ) X ( )	
	with (2nd) Deck	( ) X ( )	
<input type="checkbox"/> Commercial Use	with Attached Garage	( ) X ( )	
	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	( ) X ( )	
	Mobile Home (manufactured date) _____	( ) X ( )	
<input type="checkbox"/> Municipal Use	Addition/Alteration (specify) _____	( ) X ( )	
	Accessory Building (specify) _____	( ) X ( )	
	Accessory Building Addition/Alteration (specify) _____	( ) X ( )	
Rec'd for Issuance	Special Use: (explain) Hobby Farm	( ) X ( )	
OCT 03 2014	Conditional Use: (explain) _____	( ) X ( )	
Secretarial Staff	Other: (explain) _____	( ) X ( )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Justin Kaiser Lianna Kaiser  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

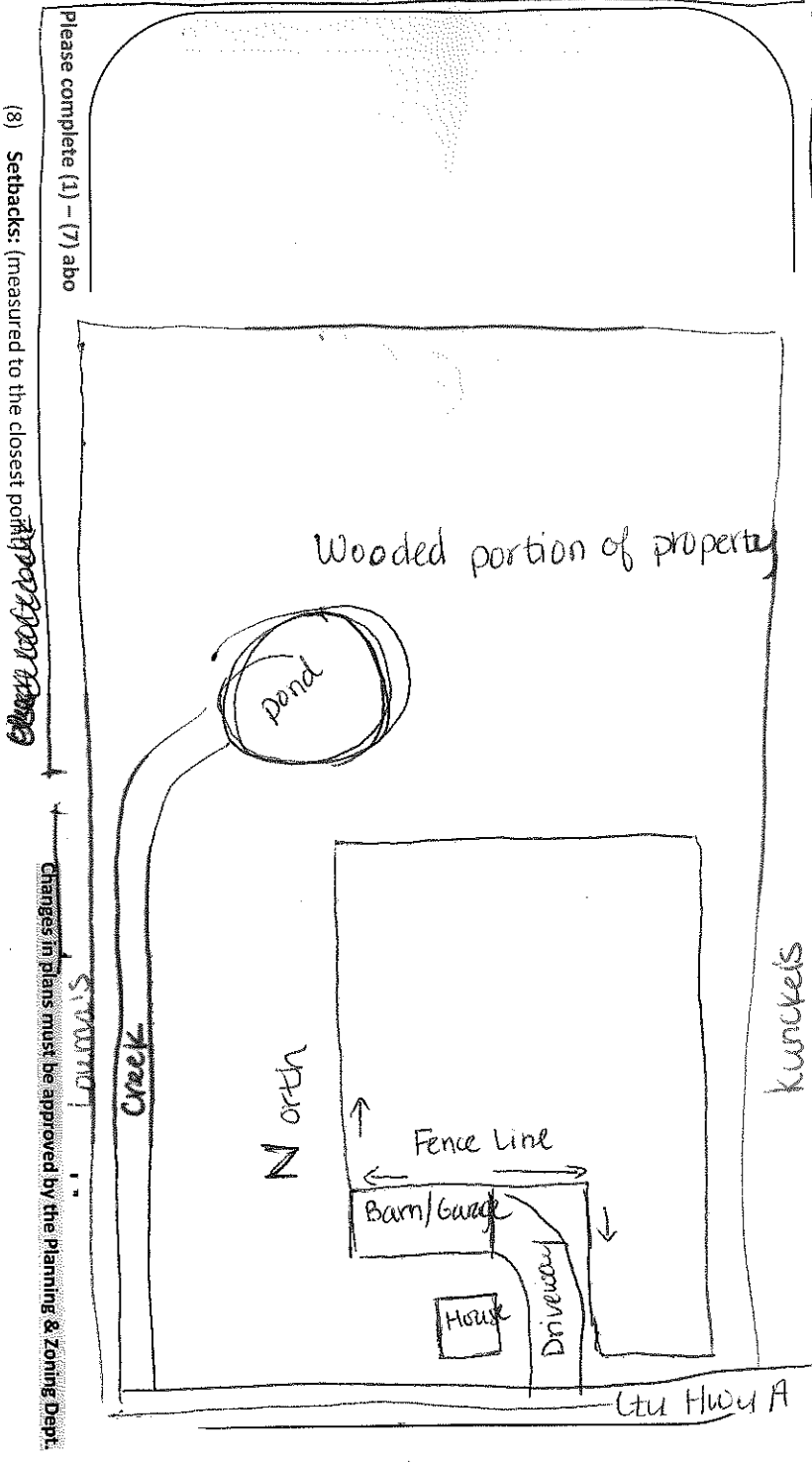
Address to send permit same as above

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Copy of Tax Statement  
If you recently purchased the property send your Recorded Deed  
SENT BY ZONING

Now, Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
- (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
- (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes steeper than 2%



(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:		
Permit Denied (Date):	Reason for Denial:					
Permit #: 14-0393	Permit Date: 10-3-14					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:					
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record:						
Date of Inspection: 7-23-14	Inspected by: M. Fritak	Zoning District (R-1)	Lakes Classification (3)	Date of Re-Inspection:		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)						
Signature of Inspector: Michael Fritak		Date of Approval: 9-24-14				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input checked="" type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

see 20 meeting minutes.

structures are existing.



SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (received)  
OCT 03 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-0376  
Date: 10-6-14  
Amount Paid: \$95 10-3-14  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Sue Thibedeau		Mailing Address: 65090 G. Hwy H		City/State/Zip: Iron River, WI		Telephone: 218 428-9350		Cell Phone:		Plumber Phone:		Plumber:	
Address of Property: 65090 G. Hwy H		City/State/Zip: Iron River, WI		Contractor Phone: 393-0144		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Authorized Agent: Andy Hudacek		218		393-0144									
PROJECT LOCATION: SE 1/4, SW 1/4		Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.	
Section 28, Township 47 N, Range 8 W													
Town of: Iron River													
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream, Creek or Landward side of Floodplain?		If yes—continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage		If yes—continue →		Distance Structure is from Shoreline: feet							

Value at Time of Completion * include donated time & material \$16,000	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	Specify Type: _____	<input type="checkbox"/> City
<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	Specify Type: _____	<input checked="" type="checkbox"/> Well
<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: _____		
<input type="checkbox"/> Relocate (existing bldg)	<input checked="" type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Pit) or _____	Specify Type: _____		
<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)			
<input type="checkbox"/> Foundation	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet			

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	Principal Structure (first structure on property)	( ) X )	
	Residence (i.e. cabin, hunting shack, etc.)	( ) X )	
	with Loft	( ) X )	
	with a Porch	( ) X )	
	with (2 <sup>nd</sup> ) Porch	( ) X )	
	with a Deck	( ) X )	
	with (2 <sup>nd</sup> ) Deck	( ) X )	
<input type="checkbox"/> Commercial Use	Bunkhouse w/ ( ) sanitary, or ( ) sleeping quarters, or ( ) cooking & food prep facilities)	( ) X )	
	Mobile Home (manufactured date)	( ) X )	
<input checked="" type="checkbox"/> Addition/Alteration (specify) deck		( ) X 26 )	208
<input type="checkbox"/> Accessory Building (specify)		( ) X 32 )	256
<input type="checkbox"/> Accessory Building Addition/Alteration (specify)		( ) X )	
Rec'd for Issuance	Special Use: (explain)	( ) X )	
OCT 06 2014	Conditional Use: (explain)	( ) X )	
	Other: (explain)	( ) X )	

Secretarial Staff  
FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application, I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Susan Thibedeau  
Date 9/24/14

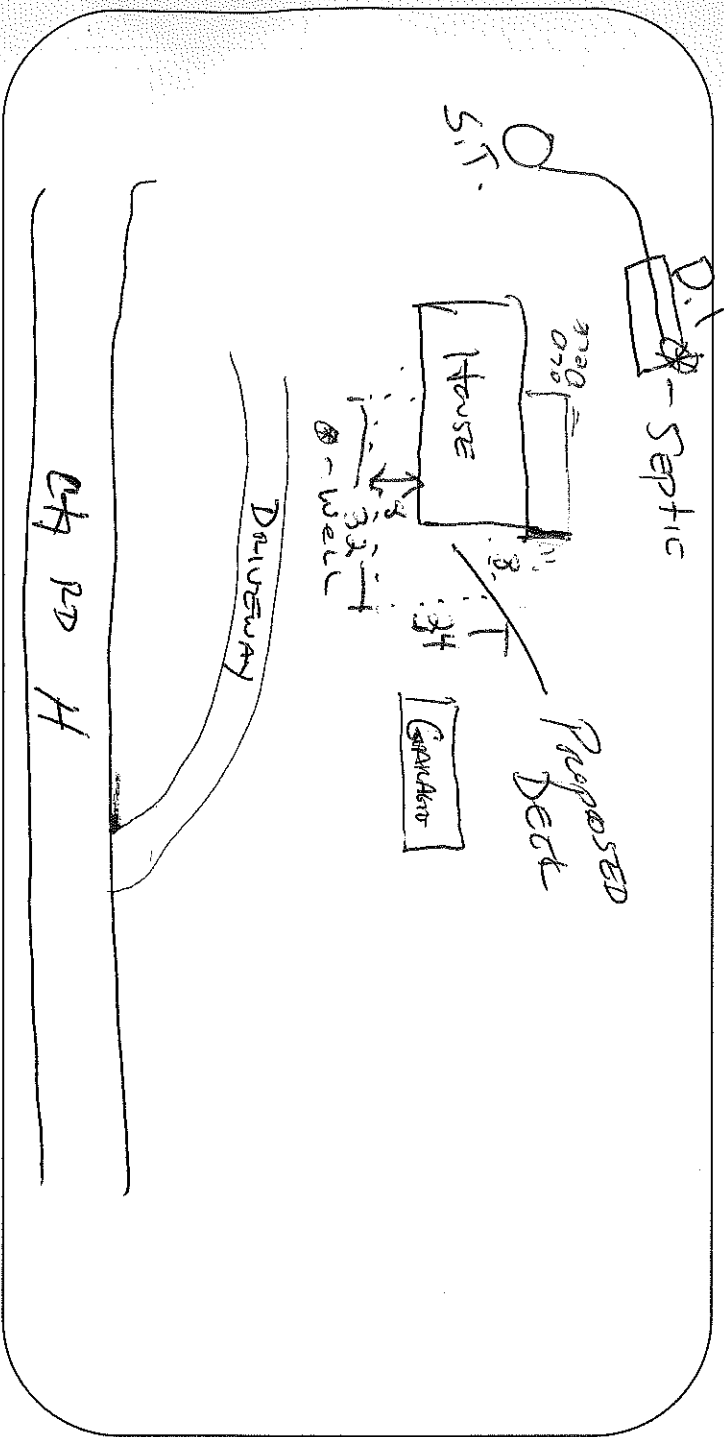
Authorized Agent: Andy Hudacek  
Date 9-24-14

Address to send permit: Andy Hudacek, 5981 S. Darrow Rd., Superior  
Copy of Tax Statement

Tax ID 19862  
WI 54880  
APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**  
(2) Show / Indicate: North (N) on Plot Plan  
(3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)  
(4) Show: All Existing Structures on your Property  
(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)  
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond  
(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road <i>Co Hwy 14</i>	370+ Feet	Setback from the Lake (ordinary high-water mark)	NA Feet
Setback from the Established Right-of-Way	350+ Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	90+ Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	100+ Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line <i>Co Hwy 14</i>	NA Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	130+ Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	13 Feet	Setback to Well	24 Feet
Setback to Drain Field	45 Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number: <b>171567</b>	# of bedrooms: <b>3</b>	Sanitary Date: <b>6-15-92</b>		
Permit Denied (Date):	Reason for Denial:					
Permit #: <b>140376</b>	Permit Date: <b>10-6-14</b>					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:		
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Inspection Record:						
Date of Inspection: <b>10-3-14</b>		Inspected by: <b>M. F. F. F.</b>				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if No they need to be attached)						
Rocks & chains must be placed on septic tank. Vent pipe covers must be placed on septic tank on vent pipes.						
Signature of Inspector: <b>M. F. F. F.</b>		Date of Approval: <b>10-6-14</b>				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>			

Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

## BAYFIELD COUNTY, WISCONSIN

Aug 18 2014

Permit #:	14-0379
Date:	10-6-14
Amount Paid:	\$420
Refund:	8-19-14

Checks are made payable to: Bayfield County Zoning Department  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

**DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT**

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name: David & Karen		Mailing Address: 3811 City Heights Rd, Ashland, WI 54804		City/State/Zip: Iron River, WI 54847		Telephone: 715 682-9224			
Address of Property: 108705 Long Lake Rd		City/State/Zip: Iron River, WI 54847		Plumber Phone: _____			Cell Phone: _____		
Contractor: Corey Holsclaw		Contractor Phone: 428-5123		Plumber: _____		Plumber Phone: _____			
Authorized Agent: (Person Signing Application on Behalf of Owner(s))		Agent Phone: _____		Agent Mailing Address (include City/State/Zip): _____		Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
David Saarinen		715 682-9224		PIN: (23 digits) 04- _____		Recorded Document: (i.e. Property Ownership) Volume 1041 Page(s) 637			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		Subdivision: Duffer Flocks 1st L		Lot Size _____			
1/4, _____ 1/4		Gov't Lot _____		Lot(s) _____		Block(s) No. _____		Acres _____	
Section 3, Township 47 N, Range 8 W		Town of: Iron River		Lot(s) No. 8		Block(s) No. _____		Acres _____	

<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes—continue →	Distance Structure is from Shoreline : _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes—continue →	Distance Structure is from Shoreline : <u>78</u> feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$140,000	<input type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary      Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input checked="" type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Cover</u>	<input type="checkbox"/> _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> _____	<input type="checkbox"/> Foundation	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> _____				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length:	Width:	Height:
Proposed Construction:	Length:	Width:	Height:

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(      X      )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(      X      )	
		with Loft	(      X      )	
		with a Porch	(      X      )	
		with (2 <sup>nd</sup> ) Porch	(      X      )	
		with a Deck	(      X      )	
		with (2 <sup>nd</sup> ) Deck	(      X      )	
		with Attached Garage	(      X      )	
	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(      X      )	
Commercial Use	<input type="checkbox"/>	Mobile Home (manufactured date)	(      X      )	
	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>Family Room, Studio, Loft</u>	( 34 x 16 )	544
	<input type="checkbox"/>	Accessory Building (specify) <u>Recounting B.R.</u>	(      X      )	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	(      X      )	
Municipal Use				
Rec'd for Issuance	<input checked="" type="checkbox"/>	Special Use: (explain) _____	(      X      )	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(      X      )	
Other: (explain) _____			(      X      )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

Section 10-10-01 of the [redacted] including any accompanying information has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) do not intend to rely on the [redacted] for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Date 8-14-14

Owner(s): \_\_\_\_\_

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this appl

**Authorizing Agent:**


Date \_\_\_\_\_

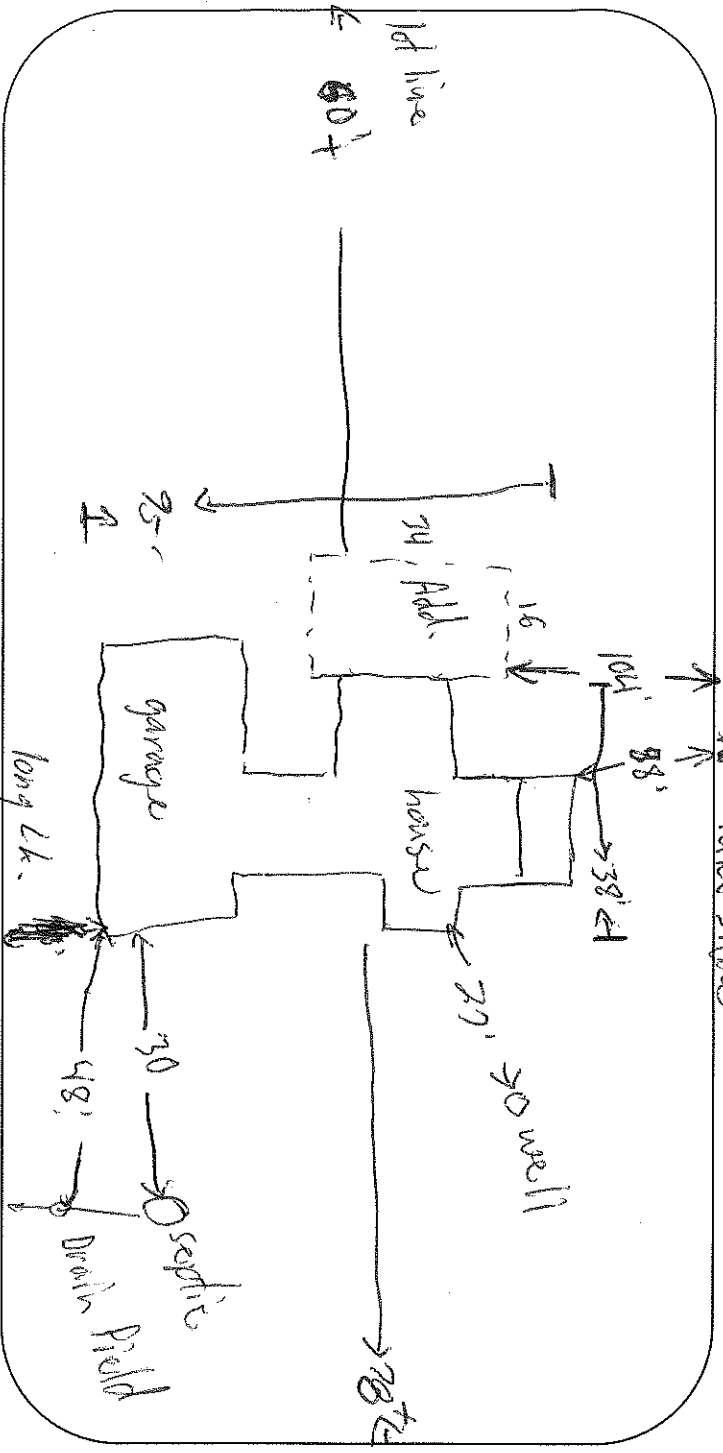
Address to send permit Sq. 2 as above

If you recently purchased the property send your Recorded Deed



Below: Draw or Sketch your Property (regardless of what you are applying for)

- |                           |  |
|---------------------------|--|
| (1) Show Location of:     | Proposed Construction  |
| (2) Show / Indicate:      | North (N) on Plot Plan   |
| (3) Show Location of (*): | (*) Driveway and (*) Frontage Road (Name Frontage Road)  |
| (4) Show:                 | All Existing Structures on your Property   |
| (5) Show:                 | (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)                     |
| (6) Show any (*):         | (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond   |
| (7) Show any (*):         | (*) Wetlands; or (*) Slopes over 20%  |



Please complete (1) – (7) above (prior to continuing)

(8) **Setbacks:** (measured to the closest point)

**Changes in plans must be approved by the Planning & Zoning Dept.**

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	40'±	Setback from the Lake (Ordinary high-water mark)	78'
Setback from the Established Right-of-Way	NA	Setback from the River, Stream, Creek	NA
Setback from the North Lot Line	88'	Setback from the Bank or Bluff	NA
Setback from the South Lot Line	130'±	Setback from Wetland	NA
Setback from the West Lot Line	80'±	20% Slope Area on property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	NA	Elevation of Floodplain	NA
Setback to Septic Tank or Holding Tank	30'±	Setback to Well	27'
Setback to Drain Field	48'		
Setback to Privy (Portable, Composting)	NA		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) **Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).**

**NOTICE:** All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 14-0379		Permit Date: 10-6-14		
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Parcel in Common Ownership	<input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	Case #: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Inspection Record:	Meters all setbacks.		Zoning District (R-1)	
Date of inspection: 9-24-14	Inspected by: M. Tuttle	Lakes Classification (B)	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (if No they need to be attached.)				
Signature of Inspector:	Michael Tuttle			Date of Approval: 4-25-14
Hold For Sanitary: <input type="checkbox"/> _____	Hold For TBA: <input type="checkbox"/> _____	Hold For Affidavit: <input checked="" type="checkbox"/> _____	Hold For Fees: <input type="checkbox"/> _____	<input checked="" type="checkbox"/> Stormwater Plan

exempt.

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN  
Date Stamp (Received)  
SEP 15 2014  
Bayfield Co. Zoning Dept.

ENTERED  
Permit #: 14-0380  
Date: 10-6-14  
Amount Paid: \$75 + \$100 = \$175  
Refund: \$75 9-16-14

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Larry J Miller		Mailing Address: 64630 McCarty Ln, Iron River, WI		City/State/Zip: 54847		Telephone: 372-8396		Cell Phone:		Plumber Phone:			
Address of Property: Same		City/State/Zip:		Contractor Phone: Plumber:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Contractor: Jim Klobacher		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Recorded Document: (i.e. Property Ownership) Volume 1054 Page(s) 653							
Authorized Agent: (Person Signing Application on behalf of Owner(s))													
PROJECT LOCATION		Legal Description: (Use Tax Statement) 1/4, 1/4		PIN: (23 digits) 04-024-2-47-08-334 00-207-36000		Subdivision: Lcd'n		Volume 1054 Page(s) 653					
Gov't Lot		Lot(s)		CSM		Vol & Page		Lot(s) No.		Block(s) No.		Lot Size	
1/4, 1/4		1/4				16						Acreage .8	
Section 33, Township 47 N, Range 8 W		Town of: Iron River											

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain?	If Yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	<input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	If Yes---continue →	Distance Structure is from Shoreline: 130 + _____ feet		

☐ Non-Shoreland

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 10,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: <u>Don't know</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: _____	Width: _____	Height: _____

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	( X X )	
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	( X X )	
		with Loft	( X X )	
		with a Porch	( X X )	
		with (2 <sup>nd</sup> ) Deck	( X X )	
<input type="checkbox"/> Commercial Use		with (2 <sup>nd</sup> ) Deck	( X X )	
		with Attached Garage	( X X )	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( X X )	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	( X X )	
	<input type="checkbox"/>	Addition/Alteration (specify) _____	( X X )	
	<input checked="" type="checkbox"/>	Accessory Building (specify) <u>garage</u>	( 22 X 22 )	484
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	( X X )	
Rec'd for Issuance <input type="checkbox"/>		Special Use: (explain) _____	( X X )	
		Conditional Use: (explain) _____	( X X )	
		Other: (explain) _____	( X X )	
OCT 06 2014				
Secretarial Staff <input type="checkbox"/>				

I (we) declare that this application (including any accompanying information) has been scanned by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in writing this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s) Larry J. Miller Date 9-10-14  
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: \_\_\_\_\_ Date \_\_\_\_\_  
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit same as above Attach ✓  
Copy of Tax Statement

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: Proposed Construction
- (2) Show / Indicate: North (N) on Plot Plan
- (3) Show Location of (\*): (\*) Driveway and (\*) Frontage Road (Name Frontage Road)
- (4) Show: All Existing Structures on your Property
- (5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
- (6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond
- (7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

See Attachment

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	70' Feet	Setback from the Lake (ordinary high-water mark)	130' Feet
Setback from the Established Right-of-Way	NA Feet	Setback from the River, Stream, Creek	NA Feet
Setback from the North Lot Line	70' Feet	Setback from the Bank or Bluff	NA Feet
Setback from the South Lot Line	NA Feet	Setback from Wetland	NA Feet
Setback from the West Lot Line	800' Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	185 Feet	Elevation of Floodplain	NA Feet
Setback to Septic Tank or Holding Tank	130' Feet	Setback to Well	1 in bldg. NA Feet
Setback to Drain Field	85' Feet		
Setback to Privy (Portable, Composting)	NA Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

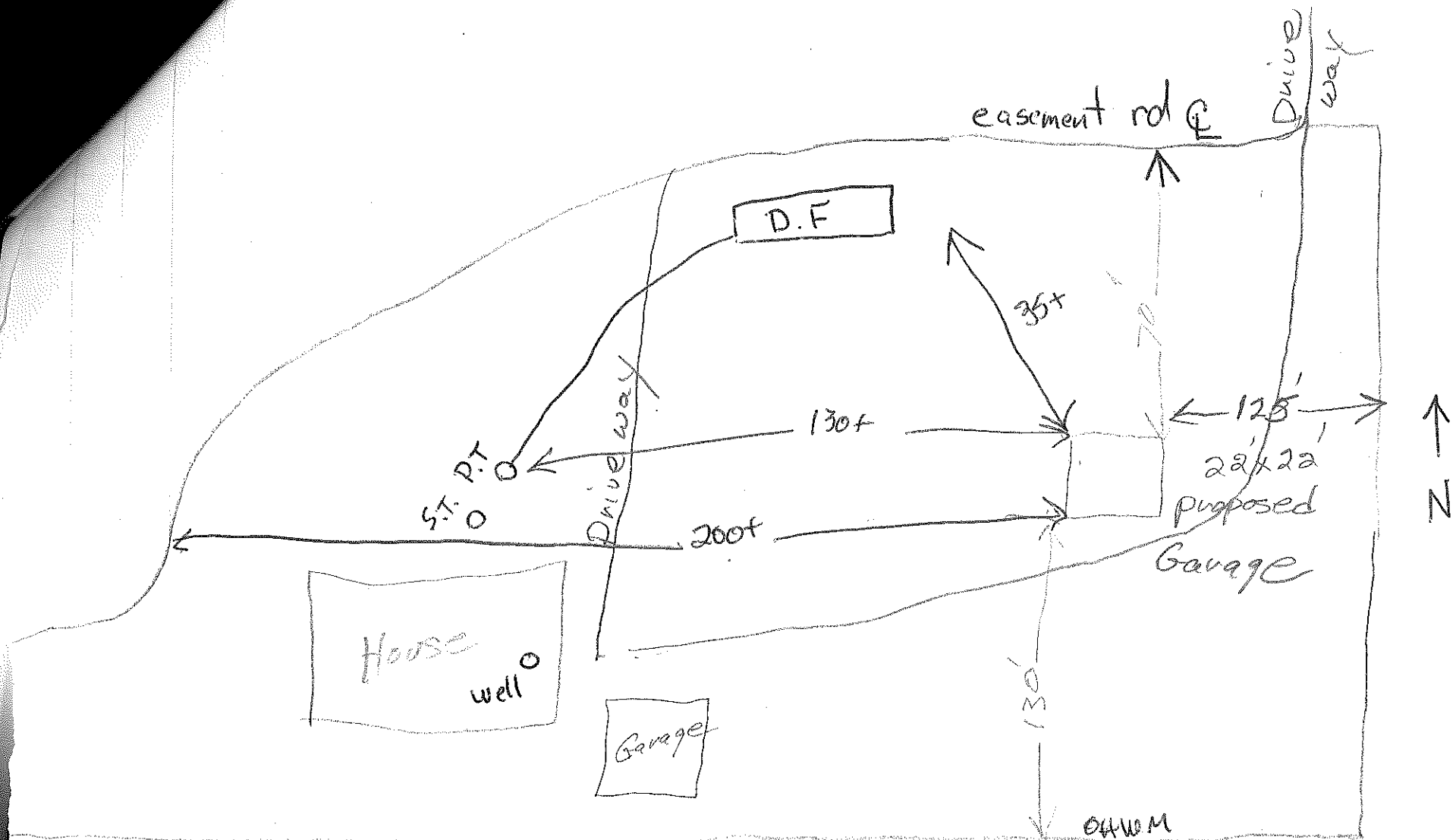
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

<b>Issuance Information (County Use Only)</b>		Sanitary Number:	Sanitary Date:		
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-0380	Permit Date: 10-6-14				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	Case #:	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Inspection Record:		Zoning District (R-1)			
Well Staked. Meets all setbacks.		Lakes Classification (1)			
Date of Inspection: 9-17-14	Inspected by: M. Fustala	Date of Re-Inspection:			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)					
May not be used for human habitation. No water under pressure in structure.					
No plumbing fixtures in structure.					
Signature of Inspector: Michael Fustala		Date of Approval: 9-20-14			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input checked="" type="checkbox"/> M.I.T. Affidavit	

NOT ATTACHED 9-20-14 IF?  
DID YOU WRITE MIT LETTER?



300' of Lake frontage

Lake

SUBMIT: COMPLETED APPLICATION, TAX  
STATEMENT AND FEE TO:  
Bayfield County  
Planning and Zoning Depart.  
PO Box 58  
Washburn, WI 54891  
(715) 373-6138

APPLICATION FOR PERMIT  
BAYFIELD COUNTY, WISCONSIN

ENTERED

Date Stamp (Received)  
APR 22 2014  
Bayfield Co. Zoning Dept

Permit #: 14-03882  
Date: 10-8-14  
Amount Paid: \$1185.5614  
Refund:

INSTRUCTIONS: No permits will be issued until all fees are paid.  
Checks are made payable to: Bayfield County Zoning Department.  
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website [www.bayfieldcounty.org/zoning.asp](http://www.bayfieldcounty.org/zoning.asp))

TYPE OF PERMIT REQUESTED → <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVATE <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <b>EB Iron River Wisconsin US 2 LLC</b>	Mailing Address: <b>195. LaSalle St. 1007 Chicago, IL 60603</b>	City/State/Zip: <b>312-332-0690</b>	Telephone: <b>312-332-0690</b>
Address of Property: <b>Mill St. (between USFS &amp; gas station)</b>		City/State/Zip: <b>Iron River, WI 54847</b>	Cell Phone:
Contractor: <b>Norman Commercial Contractors (630.595.4200)</b>	Contractor Phone: <b>630.595.4200</b>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <b>Amy Miles, pb2 architecture</b>	Agent Phone: <b>479.818.3510</b>	Agent Mailing Address (include City/State/Zip): <b>2809 Alva Ave. Suite 100 Rogers, AR 72758</b>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <b>NE 1/4, SE 1/4</b>	Legal Description: (Use Tax Statement) <b>PLN: (23 digits) 04 024-2-47-08-07-4 01-000-1600</b>	Recorded Document (i.e. Property Ownership) <b>Volume 1133 Page(s) 83</b>	
<b>NE 1/4, SE 1/4</b>	Gov't Lot <b>142</b>	CSM <b>2117</b>	Vol & Page <b>1500</b>
Section <b>7</b> , Township <b>47</b> N, Range <b>8</b> W	Town of: <b>Iron River</b>		Lot Size <b>83,793 sf</b>
<input type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes---continue →	Distance Structure is from Shoreline: <b>1500</b> feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage if yes---continue →	Distance Structure is from Shoreline: <b>1500</b> feet	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>450,000</u>	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input checked="" type="checkbox"/> Municipal/City	<input checked="" type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists)	<input type="checkbox"/> Specify Type: _____
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pri) or <input type="checkbox"/> Vaulted (min 200 gallon)	<input type="checkbox"/>
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input checked="" type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Portable (w/service contract)	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Compost Toilet	<input type="checkbox"/>

Existing Structure: (If permit being applied for is relevant to it)	Length: <b>N/A</b>	Width: <b>N/A</b>	Height: <b>N/A</b>
Proposed Construction:	Length: <b>104'</b>	Width: <b>80'</b>	Height: <b>26'</b>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Principal Structure (first structure on property) <b>Retail Store</b>		( <b>80' x 104'</b> )	<b>8,359</b>
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	with Loft	( <b>X</b> )	
<input type="checkbox"/> Residential Use	with a Porch	( <b>X</b> )	
	with (2 <sup>nd</sup> ) Porch	( <b>X</b> )	
	with a Deck	( <b>X</b> )	
	with (2 <sup>nd</sup> ) Deck	( <b>X</b> )	
<input checked="" type="checkbox"/> Commercial Use	with Attached Garage	( <b>X</b> )	
	Bunkhouse w/ ( <input type="checkbox"/> sanitary, <input type="checkbox"/> sleeping quarters, <input type="checkbox"/> cooking & food prep facilities)	( <b>X</b> )	
<input type="checkbox"/> Municipal Use	Mobile Home (manufactured date) _____	( <b>X</b> )	
	Addition/Alteration (specify) _____	( <b>X</b> )	
	Accessory Building (specify) _____	( <b>X</b> )	
	Accessory Building Addition/Alteration (specify) _____	( <b>X</b> )	
Rec'd for Issuance	Special Use: (explain) _____	( <b>X</b> )	
<b>OCT 08 2014</b>	Conditional Use: (explain) _____	( <b>X</b> )	
Secretarial Staff	Other: (explain) _____	( <b>X</b> )	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES  
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): \_\_\_\_\_ Date \_\_\_\_\_  
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: **Amy Miles** Date **4-21-14**  
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit **Norman Commercial Contractors** Copy of Tax Statement ☒  
**214 Park Street** If you recently purchased the property send your Recorded Deed ☒  
**Bensenville, IL 60816**

PLEASE COMPLETE NOT PLAN ON REVERSE SIDE  
NICKI@NORMANCOMMERCIAL.COM



- Box below: Draw or Sketch your Property (regardless of what you are applying for)
- (1) Show Location of: Proposed Construction
  - (2) Show / Indicate: North (N) on Plot Plan
  - (3) Show Location of (\*): (\* ) Driveway and (\* ) Frontage Road (Name Frontage Road)
  - (4) Show: All Existing Structures on your Property
  - (5) Show: (\* ) Well (W); (\* ) Septic Tank (ST); (\* ) Drain Field (DF); (\* ) Holding Tank (HT) and/or (\* ) Privy (P)
  - (6) Show any (\*): (\* ) Lake; (\* ) River; (\* ) Stream/Creek; or (\* ) Pond
  - (7) Show any (\*): (\* ) Wetlands; or (\* ) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
RA wet well			
Setback from the Centerline of Platted Road	N/A	Setback from the Lake (ordinary high-water mark)	N/A
Setback from the Established Right-of-Way	30+	Setback from the River, Stream, Creek	N/A
		Setback from the Bank or Bluff	N/A
Setback from the North Lot Line (US Hwy 2, R.O.W.)	40+	Setback from Wetland	N/A
Setback from the South Lot Line (W Mill St, R.O.W.)	100+	Setback from 20% Slope Area	N/A
Setback from the West Lot Line (Platted Road)	N/A	Elevation of Floodplain	N/A
Setback from the East Lot Line	10		
Setback to Septic Tank or Holding Tank	N/A	Setback to Well	N/A
Setback to Drain Field	N/A		
Setback to Privy (Portable, Composting)	N/A		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

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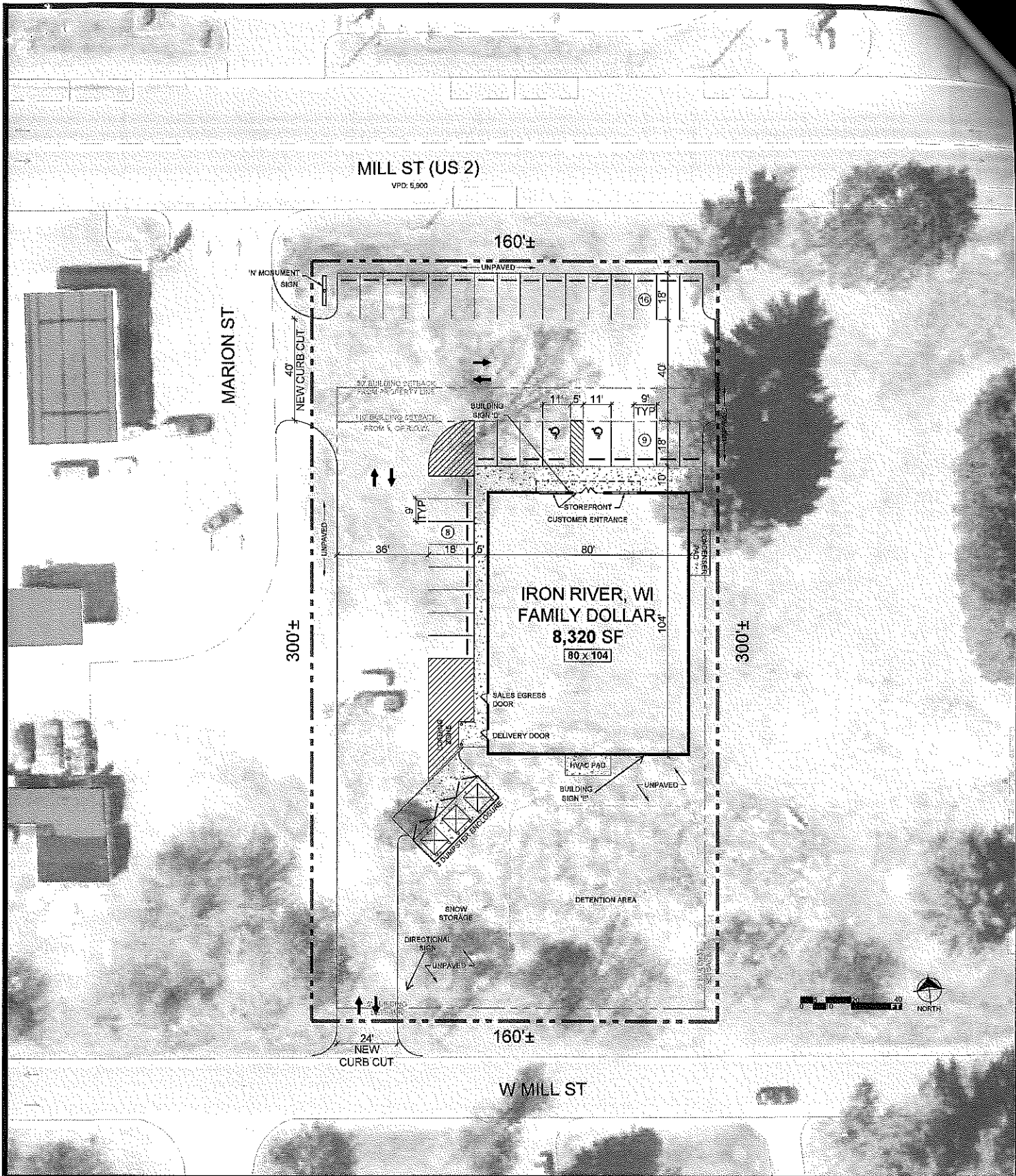
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

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The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: 14-03880		Permit Date: 10-8-14			
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Affidavit Required	
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Yes <input checked="" type="checkbox"/> No		Case #:		Case #:	
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:		Zoning District (G)			
Well Staked. Meet at all setbacks.		Lakes Classification (N/A)			
Date of Inspection: 10-7-14		Inspected by: M. Frutala		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)					
Signature of Inspector: Michael Frutala					
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
				Hold For Fees: <input type="checkbox"/>	
				Date of Approval: 10-8-14	



**pb2**  
architecture  
+ engineering

710 West Roselawn Drive  
Rogers, Arkansas 72756  
Phone: 479.636.3545  
Fax: 479.636.1209  
Architect of Record  
Bradley J. Phillips

**3 of 3**      **8.16.2013**

**FAMILY DOLLAR**

**Iron River, WI #0000**  
Mill St (US 2) between USPS office and gas station  
Project #000000      Preliminary Site Plan

Property Information	Variances Needed
Present Zoning: C Commercial (Bayfield County)	None known
Property Size: 1.10 Acres ± 48,000 SF ±	Parking
	Shown: 33